

OCTOBER

FIFTH YEAR — No. 55

# International Review of the Red Cross



*Inter arma caritas*

1965

GENEVA

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## BOOKS AND REVIEWS

## FRENCH EDITION OF THE REVIEW

The French edition of this Review is issued every month under the title of *Revue internationale de la Croix-Rouge*. It is, in principle, identical with the English edition and may be obtained under the same conditions.

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## SUPPLEMENTS TO THE REVIEW

\*

### SPANISH

Se reconoce a la Cruz Roja de Uganda (461<sup>a</sup> Circular). — Lo que comprueban los médicos del hospital de Uqd.

### GERMAN

Anerkennung des Roten Kreuzes von Uganda (461. Rundschreiben). — Feststellungen der Ärzte des Feldlazarets Uqd.

## THE INTERNATIONAL REVIEW OF THE RED CROSS

*is published each month by the  
International Committee of the Red Cross*

7, avenue de la Paix, 1211 Geneva I, Switzerland  
Postal Cheque No. 12.1767

Annual subscription : Sw. fr. 25.— (\$6)  
Single copies Sw. fr. 2.50 (\$0.60)

Editor : J.-G. LOSSIER

The International Committee of the Red Cross only assumes  
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# **CAMPAIGN FOR THE DISSEMINATION of the GENEVA CONVENTIONS <sup>1</sup>**

**by Dr. Pavle Gregoric**

## **1. IMPORTANCE AND NECESSITY FOR THE DISSEMINATION OF THE GENEVA CONVENTIONS**

The Geneva Conventions of August 12, 1949, for the protection of war victims, postulate the principle of humane treatment for man, the victim of war. They afford protection in a specific field, that is to say, they affect only "protected" persons and only in the event of armed conflict of an international character, but not in conflicts which are not international<sup>2</sup>. However, despite their limitations, the Conventions do afford protection in a very important field, in situations involving the greatest risk of suffering for mankind and in which lack of protection could have distressing consequences. It is for this reason that these Conventions are of such great importance. They form a fundamental component in that system of protection of man's basic rights which is gradually being developed through the medium of contemporary international law.

One way of ensuring the greatest observance of these Conventions is to make the widest possible public familiar with their principles. Awareness of specific international regulations relating

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<sup>1</sup> This paper was presented to the Second International Congress of the Neutrality of Medicine, Paris. (*Ed.*)

<sup>2</sup> Except where the article common to all four Conventions, Article 3, applies; this contains provisions relating to armed conflict not of an international character. (*Ed.*)

## GENEVA CONVENTIONS

to the protection of war victims could greatly contribute to their implementation. Experience has shown that ignorance of the existence of such regulations has always been one cause of inadequate application of the Conventions and breaches of their elementary principles, resulting in severe suffering for war victims. It is for this reason that the new Conventions contain a special article under which each contracting State is responsible for instructing its armed forces and the population in general in the principles of the Conventions.

The main legal obligation for the dissemination of the regulations contained in these Conventions and for instructing the public on the subject is incumbent on governments. However, assistance in this task is welcome, and all the organizations and associations carrying out activities in the field of public health and social welfare should add their efforts to contribute to the dissemination of the humanitarian principles of the Geneva Conventions. The International Committee for the Neutrality of Medicine is particularly interested in the widening of the scope and acceptance of the principles of the Geneva Conventions, for these Conventions embody the elementary rules for the protection of the wounded and the sick; they provide for the application of humanitarian medical benefits and in particular they lay down the status of the health service which should ensure the practice of medical science.

The dissemination of humanitarian principles is a contribution to peace, as it promotes tolerance of man for man irrespective of nationality, and humane treatment even for enemies during armed conflict, thus facilitating the return to normal relations between nations when these have been disrupted by war.

### 2. PURPOSES OF DISSEMINATION

The dissemination of the principles of the Geneva Conventions should be so planned as to achieve the best results where their effect will be greatest and from where the knowledge can best be spread throughout the population. It is for this reason that dissemination should be focussed especially on professional circles, by and for the professional classes and those persons most familiar with the Conventions. The armed forces in any case should learn of these

## GENEVA CONVENTIONS

Conventions in the general programme of instruction on the law of war. In addition, legal experts should know these Conventions, especially those holding positions in State departments where they may have to apply these Conventions. Likewise, all medical personnel, doctors, nurses and army medical staffs should be well acquainted with the main provisions of the Geneva Conventions, for they will find therein the basis of their work and of the special protection they require for the judicious and effective fulfilment of their mission. The staffs of various organizations, such as the Red Cross, are also obliged to be familiar with the Geneva Conventions and to propagate their principles. The members of civil defence organizations should also know the main provisions of these Conventions, for they may be of capital importance for the operation of this service. It is important that Conventions be brought to the knowledge of members of the public education departments, for they are in a position to propagate the ideas and fundamental principles of the Conventions among children and youth, through the medium of the Junior Red Cross and in other ways. Courses in secondary schools, universities, scientific institutions, should include in relevant curricula as much instruction as possible on the Geneva Conventions, so that young people may become acquainted with their main aims. These are but a few examples and there are undoubtedly other professions and groups which ought to know these Conventions. We believe that dissemination would achieve much greater results if concentrated towards particular groups and professions, for it would then be adapted to their functions and tasks. Stress could be laid on those aspects of the Conventions which are of special interest for the groups concerned and if the dissemination is effective among these groups, these in turn could spread knowledge of the humanitarian principles of the Conventions.

Nevertheless, work directed in this manner does not mean that no effort should be made to reach the general public. Quite the contrary. At the same time as these activities are aimed at specific professional groups, diffusion of the conventions should be pursued among the population as a whole. Of course, ways and means will differ. It will merely have to be recalled and made known publicly that the elementary humanitarian regulations exist and their importance should be underlined. Every effort must be made to

impress upon the citizens the existence of these essential humanitarian rules.

All propaganda and campaigns for the diffusion of these principles should take into account certain characteristics of the Geneva Conventions, otherwise a completely erroneous understanding of the Conventions may be propagated. In the first place, a true picture of the Conventions should be given. Their scope is limited, their effectiveness in practice is often imperfect and it is for this reason that emphasis must be laid on the fact that these Conventions give not an absolute but only a relative protection. Care must be taken not to kindle unjustified hope among the public that in the event of conflict they would benefit from an absolute and facile protection merely because of the Conventions: it must be stressed that these are guiding rules and to have them respected will probably require effort. Furthermore, certain shortcomings in these Conventions and the remedial measures should be underlined.

Another fact to which attention must be drawn is the problem of the relationship between these Conventions and the primary concern of the world today, that is to say the striving for peace. The basic forces and the principal efforts of the progressive world today are directed to the safeguard and consolidation of peace. In these circumstances, if there is much talk and propaganda in favour of rules affecting something which is itself forbidden, confusion may be created among the uninformed and uneducated public. The public could conclude that those promoting the Geneva Conventions have insufficient faith in the struggle for peace and that their activity contributes to creating a war psychosis, and hence to the danger of its outbreak. That is why propaganda must be carried out with moderation and realistically, explaining that the efforts being made are for the defence of man and human values; that they are not opposed to, but concomitant with, efforts to safeguarding peace. That is why dissemination should be an integral part of a systematic endeavour to achieve a better and more humane world; it should be an integral part of education, in order to further goodwill among men and should not be an aspect of a campaign impelled by urgent necessity or danger.

Dissemination should be looked upon as one of the appropriate measures designed to bring men together, both nationally and



internationally. By affording specific protection and respect for the victims of armed conflicts, the Geneva Conventions at the same time make clear the suffering, the hardships and terror threatening mankind in various situations and circumstances. By inculcating the humanitarian regulations of the Geneva Conventions into the general public, those in control can exert considerable influence even in such questions as the safeguard of peace and the settlement of disputes without resort to force. As can be seen, there are many factors affecting the understanding of the Geneva Conventions as an instrument in the service of peace, however paradoxical this might appear.

### 3. PLAN OF CAMPAIGN

In the actual implementation of the plan itself, there are two possibilities which must be borne in mind and which are not merely complementary but are directly related to each other. In the first place, there is the sphere of action at the international level which can undoubtedly have recourse to international solutions and methods based on the valuable experience first and foremost of the International Red Cross. In a national plan of action it is both important and useful for States signatories to the Geneva Conventions to take advantage as much as possible of every available means and to publish or explain through their representatives and delegates the action they have undertaken in their countries, in order to disseminate knowledge of the Geneva Conventions. Experience, suggestions, explanations of difficulties encountered, etc., would be extremely useful for States just beginning to undertake measures of dissemination. We shall mention later some experience gained in Yugoslavia. However, we consider that it is of primary importance to undertake an international plan of campaign.

There are many ways and means to facilitate dissemination. A well presented booklet, publication, illustrated pamphlet, book or monograph can be of immense service. Well prepared courses, seminars, special conferences, will also contribute to dissemination when they are preceded by sufficient documentary publication. It goes without saying that all these efforts should be backed up by such effective media as the press, radio, television, cinema, etc.

We shall now describe some experience of disseminating the Geneva Conventions in Yugoslavia in the course of the last few years. Apart from considerable efforts to acquaint the members of the Yugoslav armed forces with these Conventions, the programme also aimed at reaching the civilian population. It is for that indeed that the Yugoslav Red Cross activity is important. This activity takes on a number of forms.

In the first place the Yugoslav Red Cross in 1957 issued a 122-page document explaining in detail to those concerned the main provisions of the Conventions. The same publication contained an index to facilitate reference to the long and complicated texts of the Conventions. This publication was widely acclaimed and was used as a handbook by those interested in studying the Conventions and also by lecturers on the subject.

The Yugoslav Red Cross and its various committees periodically organized conferences. In 1959—the centenary of the event which inspired the Red Cross idea—a more intense propaganda campaign was developed by means of conferences throughout the world. A standard twelve-page lecture was prepared and addressed to all Yugoslav Red Cross committees. This programme was very effective: merely according to data available to the Yugoslav Red Cross Central Committee, 248 conferences were held for adults—attended by about 25,800—and 165 lectures for young members of the Red Cross, attended by 20,070. This programme aroused considerable and lasting interest in these Conventions among the population. The conferences were well publicized; they were not limited to members of the Red Cross<sup>1</sup>, but were open to everyone.

The Yugoslav Red Cross produced a publication intended to reach a professional group. An illustrated pamphlet, “Medical Personnel and the Geneva Conventions” (1961, 24 pages, small size), was distributed by the Yugoslav Red Cross to the medical personnel through medical faculties, nursing schools, the larger hospitals and professional associations of medical personnel; it was so well acclaimed that a second edition is being considered.

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<sup>1</sup> As part of this campaign, Prof. MILAN BARTOS, Academician, member of the U.N. International Law Commission, gave a conference in Belgrade entitled, “Red Cross Action for the Protection of War Victims”; the text of his lecture was printed and 16,000 copies were distributed in a short time throughout the entire country.

On February 26-27, 1962, the first course for civilians on the Geneva Conventions was held in Belgrade. This was organized by the Yugoslav Red Cross and attended by the higher echelons of the personnel of that organization and later by legal experts of the State federal services interested in this subject or whose functions demand a knowledge of these Conventions. The subjects dealt with were: "Contemporary Humanitarian Law", "Historic Development of the Geneva Conventions", "Protection for the Wounded and the Sick", "The Status of Prisoners of War," "Civilian Population Protection", "The International Red Cross and the Geneva Conventions" and "The Functions and Duties of the Yugoslav Red Cross".

This course aroused great interest and similar courses will probably be organized in the provincial republics. The texts of the lectures have been printed in a 90-page publication which was issued in 1963.

These were some of the more important experiences in the dissemination of the Conventions in Yugoslavia; they demonstrate the diversity of methods used and the scope of the programme and we hope that they may be useful examples.

Countries in which there are National Committees or groups for the Neutrality of Medicine should be in the forefront of action to disseminate these Conventions. These groups or committees should approach other organizations interested in this mission, for example the National Red Cross Societies, the medical associations, the universities, and should draw up with them a joint plan for co-ordination.

The work will be more difficult in countries where there are no such committees. For this reason and where possible Committees for the Neutrality of Medicine should be organized through the formation of ad hoc committees by existing organized groups. Qualified persons should be found in the greatest possible number of countries and persuaded to undertake this task. The dissemination of the Geneva Conventions should be a primary duty, for it is the best way to obtain the support of a larger section of the population.

This report could be used as a basis for discussion and it would enable conclusions to be drawn during our meeting. Then, we think

## GENEVA CONVENTIONS

it would be useful to prepare one or several standard conferences which could be used by the promoters of the programme to start dissemination. Finally, we consider it would be useful to draw up detailed plans for courses on the Geneva Conventions to be given to the various professions in the same way as the courses organized for the employees of the public health services, etc. This would also form the basis of the programme of work in this field. In addition, other texts could be composed for dissemination through the cinema, the radio, the television, etc. This committee could also compile a list of lecturers in the various countries, liable to respond to an invitation to hold conferences abroad.

The foregoing contains some suggestions. We believe others will be made in the course of the discussion by the Congress. We are of the opinion that the dissemination of the principles of the Geneva Conventions and humanitarian principles in general is a task worthy of being undertaken on a wider scale by our organization and is one which will contribute to the promotion of those principles of which it is the advocate.

**Dr. PAVLE GREGORIC**

President of the Yugoslav Red Cross  
President of the Yugoslav Committee  
for the Neutrality of Medicine.

# INTERNATIONAL COMMITTEE OF THE RED CROSS

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## **Recognition of the Red Cross Society of Uganda**

GENEVA, SEPTEMBER 2, 1965

*Circular No. 461*

*To the Central Committees of the National Red Cross,  
Red Crescent, Red Lion and Sun Societies*

LADIES AND GENTLEMEN,

We have the honour to inform you of the official recognition, on September 2, 1965, of the Red Cross Society of Uganda by the International Committee of the Red Cross.

This Society applied for recognition by letter under date of May 24, 1965. The application was accompanied by the Society's Statutes and by the Decree of July 30, 1964, by which it was recognized by the Government of Uganda.

The study of these documents, as well as of the Annual Report for 1964, has shown that the ten conditions for recognition of a new Society have been duly fulfilled. These documents have also been examined jointly with the Secretariat of the League of Red Cross Societies.

The International Committee has pleasure therefore in announcing the recognition of this Society, which brings the number of member Societies of the International Red Cross to one hundred and five.

## INTERNATIONAL COMMITTEE

The Red Cross of Uganda, recognized as an auxiliary to the public authorities, succeeds to the Uganda Branch of the British Red Cross and already possesses a firm foundation. It already disposes of several divisional committees which are particularly active in first-aid, assistance to hospitals and in leper colonies. The Society also makes great efforts to aid refugees and in blood transfusion.

The Government of Uganda acceded on May 18, 1964, to the Geneva Conventions of 1949. The Red Cross of Uganda is controlled by a Council whose President is Mr. Paul Kavuma. The Chairman of the Executive Committee is Mr. Erisa Kironde and the functions of the Secretary-General are performed by Mrs. Iris Kigundu. The headquarters of the Society are at Kampala.

The International Committee of the Red Cross has great pleasure in welcoming this new Society into the International Red Cross, accrediting it by this notice to all other National Societies and recommending it to their kind attention. It expresses its best wishes for the Society's future and for the success of its humanitarian work.

FOR THE INTERNATIONAL COMMITTEE  
OF THE RED CROSS

**Samuel A. GONARD, *Président***

*EXTERNAL ACTIVITIES***Viet Nam***The application of the Geneva Conventions and the bombing  
of North Viet Nam*

The Government of the Democratic Republic of Viet Nam has in its turn replied, in a letter which will be found below, to an appeal made on June 11 by the ICRC to the four belligerents concerning the application of the Geneva Conventions of August 12, 1949, on the protection of the victims of war.

One should also mention that the Red Cross of the Democratic Republic of Viet Nam has made protests on several occasions to the ICRC against the bombing of hospital establishments (leper colonies, hospitals) which, it stated, were very clearly marked with the emblems of the Red Cross.

In accordance with practice followed in similar cases (Resolution XXII of the XVIIth International Conference of the Red Cross, Stockholm, 1948), the ICRC transmitted these protests to the American Red Cross, which in turn communicated them to the Government of the United States. In its reply the State Department declared that, as a result of the inquiry which had been made, it had collected no evidence that American aircraft had attacked buildings marked with the emblem of the Red Cross. It added that if establishments sheltering the wounded and sick had been damaged, this was because they must have been "situated in or in close proximity to military objectives" contrary to Art. 19 of the First Convention (wounded and sick) and Art. 18 of the Fourth Convention (civilians). The American Government has therefore suggested that the ICRC undertakes an inquiry on the spot and for its part declared itself prepared to supply it with all the information in its possession.

The ICRC has transmitted this reply to the Red Cross of the Democratic Republic of Viet Nam in Hanoi.

When communicating the letter of August 31 from the Government of North Viet Nam to the South Vietnamese and United States Governments, the ICRC drew their attention to the protection which is due to hospitals and other medical establishments duly marked. It reminded them that the Parties to the conflict are obliged to respect and protect, in their operations, civilians not taking part in hostilities, and that they do not have an unlimited right as to the choice of means of inflicting damage on the enemy.

*Prisoners of war in North Viet Nam*

The North Vietnamese Government declared on the other hand, in its letter of August 31, that prisoners had been given authorization to correspond with their relatives, but that the regulations concerning mail with the exterior having been infringed, the authorities had decided to suspend this for the time being. If the persons concerned were to conform to these dispositions, the Hanoi Government added that the question could be reconsidered.

The ICRC has requested to be informed of these regulations, to receive lists of American and South Vietnamese prisoners and authorization to visit these. In this connection it recalled the proposals already made for the sending of a delegate of the International Committee to Hanoi in order to assist in the application of the Geneva Conventions and in bringing material aid to the victims of the war, especially to the civilian population subjected to bombing.

The Central Tracing Agency has made a further despatch of mail for the American prisoners of war.

*Relief actions*

As a result of its communication of August 11 concerning the relief action on behalf of the victims of the war in Viet Nam, the ICRC had received by September 20 donations in cash and in kind to a value of more than 600,000 Swiss francs. These donations have come from the National Red Cross Societies of the following countries: Australia, Denmark, Ethiopia, Finland, Ireland, Japan, Lebanon, Liechtenstein, Monaco, Norway and Switzerland; from the Governments of Sweden and Switzerland, as well as from the



Vietnamese Committee in Finland and Oxfam (Oxford Committee for Famine Relief).

In South Viet Nam, the delegates of the ICRC visited refugee camps where they co-operated in distributions organized by the National Red Cross<sup>1</sup>. In North Viet Nam, the ICRC informed the Red Cross of the Democratic Republic of the amount of available funds, in accordance with the wishes of the donors, for despatching the necessary relief. The North Vietnamese Red Cross was therefore requested to make known the victims' principal needs.

The National Liberation Front of South Viet Nam has, on the other hand, confirmed direct to the ICRC a list of its requirements in surgical equipment and medicaments already previously communicated through the intermediary of the British Red Cross. The first consignment will thus be able to leave Geneva as soon as the problem of routing has been settled.

#### *Aid to the wounded and the war disabled*

The delegation of the International Committee of the Red Cross in Saigon has taken measures to make use of the contribution of 50,000 Sw. frs. which has just reached it from Geneva. Mr. André Tschiffeli, delegate, has studied with the Director of the Rehabilitation Centre of the Military War Disabled a programme of action for the treatment and the fitting with appliances of civilians having become disabled as a result of the war.

#### *Aid to refugees*

The delegates of the ICRC who went to the provinces of South and Central Viet Nam visited several reception centres opened by the Saigon authorities. They observed that a considerable part of the Vietnamese population, in flight from areas where bombing and fighting are taking place, have found temporary shelter. However, it seemed to them that additional aid was required, especially as regards food. They have therefore arranged, as a start, together with the Vietnamese Red Cross, to make distributions of milk in the orphanages.

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<sup>1</sup> Plate : Distribution of relief by Mr. Tschiffeli, delegate of the ICRC, and the Red Cross of the Republic of Viet Nam.

## Cambodia

The Royal Cambodian Government has asked the ICRC to act to relieve the plight of the South Viet Nam refugees from Duc Co, some 10 km. east of the Cambodian border. There are more than 300 of these refugees, mostly women and children, who have sought safety in Khmer territory following recent fighting in their own district.

The ICRC has agreed to come to the help of these refugees. Mr. André Durand, delegate general of the International Committee for Asia, went for that purpose on September 9 to Phnom-Penh.

He visited, on September 13 and 14, four hundred South Vietnamese refugees from the Duc Co region, admitted into Cambodia.

The ICRC has sent 15,000 frs. to the Cambodian Red Cross, which will undertake to allocate and distribute relief set aside for the victims of the events, in accordance with an aid programme prepared in co-operation with the ICRC representatives.

## Japan

The International Committee of the Red Cross has just remitted Sw. frs. 2,000 to the Japanese Red Cross hospital where the victims of the atomic bomb on Hiroshima are being cared for.

The Japanese National Red Cross Society has decided to devote this sum to the improvement of the technical equipment of this hospital which was visited by the ICRC President in May.

## Yemen

The announcement of the agreement between King Faisal and President Nasser at Jeddah on a cease-fire in the Yemen has not meant that the International Committee of the Red Cross may yet discontinue its activities in that country, either on the Republican or the Royalist side <sup>1</sup>. Mr. André Rochat, head of the ICRC delegation in the Yemen, arrived in Geneva mid-September to examine with the Committee what steps should be taken for the progressive withdrawal of the ICRC from the Yemen.

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<sup>1</sup> *Plate* : At the Uqhd Hospital. The ICRC delegation distributing relief to refugees in Sanaa.

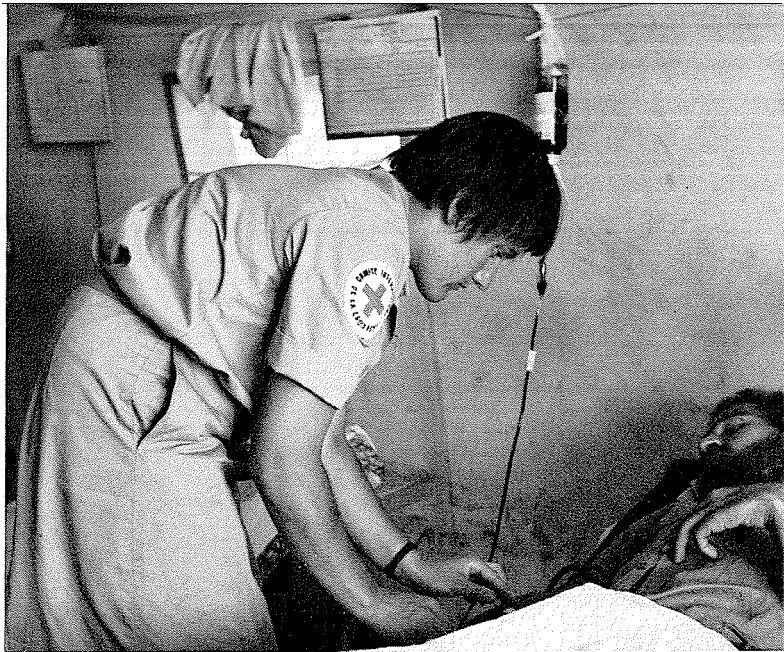


## SOUTH VIET NAM

Distribution of relief, near Mytho, by Mr. Tchiffeli, delegate of the ICRC, and the Red Cross of the Republic of Viet Nam.



## YEMEN



At the Uqhd Hospital.

The ICRC delegation distributing relief to refugees in Sanaa.



The ICRC delegation in the Yemen is, in addition, endeavouring to organize the exchange and repatriation of all prisoners of war held in the Yemen, in accordance with the agreement previously concluded by the parties in conflict.

A group of Egyptian prisoners has already been repatriated, after a few days in the ICRC hospital at Uqhd in North Yemen.

## **Cyprus**

The events in Cyprus and their sequel continue to make life difficult for a large number of inhabitants. The delegation of the International Committee of the Red Cross is constantly being approached to deal with numerous individual cases which it endeavours to settle in its capacity as a neutral intermediary. This involves frequent negotiations in favour of Greek or Turkish Cypriots wishing to emigrate or children who have been separated from their parents by the events.

## **Africa**

Mr. Georges Hoffmann, delegate general in Africa, recently went to Guinea. He visited the Bissau prison and a number of prisoners in the Mansoa area. He then went to Lagos (Nigeria) and to Gabon, where he concerned himself, in particular during the course of that mission, with the dissemination of the Geneva Conventions.

## **India and Pakistan**

The International Committee of the Red Cross has offered its services to the Red Cross Societies of India and Pakistan to help them come to the aid of the victims of the conflict which has broken out between the two countries.

On arrival in New Delhi on September 12, Mr. Roger Du Pasquier, delegate of the ICRC, immediately made contact with the Indian Government in order to obtain lists of Pakistani prisoners of war and authorization to visit them. He also studied with the Indian Red Cross ways of bringing relief to the victims of the conflict.

Mr. Michel Martin, ICRC delegate, arrived in Pakistan on September 22 where he made similar approaches to the Pakistan authorities and Red Cross.

In answer to an urgent request by the latter, the ICRC has sent several consignments of blood plasma and transfusion equipment. These deliveries, to a value of about 60,000 Swiss francs, were made thanks to donations from the ICRC, the Netherlands, the Swiss Red Cross and the Swiss Federal Government.

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### IN GENEVA

#### Visit by the President of the Mexican Red Cross

Some months ago, the President of the ICRC paid a visit to the Mexican Red Cross and was able to see the importance and effectiveness of that Society's work, both in Mexico City as well as in other large towns. He met the President of the Mexican Red Cross, Mr. Barroso Chavez, and various leading personalities with whom he discussed the respective activities of that National Society and of the ICRC.<sup>1</sup>

Quite recently the Geneva institution had the pleasure of receiving at its headquarters Mr. José Barroso Chavez who, accompanied by Mrs. Barroso Chavez, was going to Vienna, after a tour in Europe, to attend the XXth International Conference of the Red Cross. On September 6 and 7, 1965, Mr. and Mrs. Barroso Chavez were the guests of the ICRC where they were received by the President, Mr. Samuel Gonard. Several members of the ICRC and of its staff were also present. A work session then took place during which the ICRC's directors explained the present work of the organization and the principal subjects for consideration at the International Conference. Afterwards a film was shown of the ICRC's activities in the Yemen.

Mr. and Mrs. Barroso Chavez were also received at the League of Red Cross Societies. The President of the Mexican Red Cross was thus able to have a wide view of the problems and activities of the International Red Cross institutions established in Geneva.

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<sup>1</sup> See *International Review*, August 1965.

## RESPONSE TO THE ICRC APPEAL FOR RESPECT TO BE GIVEN TO THE RULES OF HUMANITY IN VIET NAM

It will be recalled that the International Committee of the Red Cross addressed to the Governments of the Republic of Viet Nam, of the Democratic Republic of Viet Nam, as well as of the United States of America an appeal urging them to respect, in present conditions, the humanitarian provisions of the Geneva Conventions to which these States have acceded.<sup>1</sup> This appeal was also sent to the National Liberation Front. In its number of September 1965, the *International Review* published the replies received by the ICRC. The one dated August 10, 1965, emanated from the United States Government and the other of August 11, 1965, was sent by the Government of the Republic of Viet Nam.

Subsequently a reply from the Government of the Democratic Republic of Viet Nam reached the ICRC. It was dated August 31, 1965, and signed for the Minister of Foreign Affairs, by the acting head of the Cabinet, Mr. Bui Tan Linh. This is now given below : <sup>2</sup>

*I have the honour to acknowledge receipt of your letter under date of June 11, 1965 and to reply as follows.*

*As all the world is aware, the United States Government and its agents in Saigon are engaged in committing crimes in their war of aggression in Viet Nam, undermining peace, violating the laws and customs of war and perpetrating acts against humanity.*

*In order to compensate for its defeats in the undeclared war of aggression in South Viet Nam, the United States Government has, without any justification, given orders to its air and naval forces to make surprise attacks on the Democratic Republic of Viet Nam, in flagrant violation of the Geneva Agreements of 1954 on Viet Nam and of the rules of international law. It has employed napalm and phosphorous bombs, poisonous chemical products, and its aircraft and warships have indiscriminately bombed hospitals, schools, road transport stations, markets, villages, fishing vessels, churches, pagodas,*

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<sup>1</sup> The text of this appeal can be found in the August 1965 number of the *International Review*.

<sup>2</sup> Unofficial retranslation.

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*etc., massacring large numbers of innocent civilians and violating the Geneva Conventions of August 12, 1949, for the protection, of the victims of war, as well as other rules of war.*

*The people and the Government of the Democratic Republic of Viet Nam consider the actions of the United States Government and of its agents in Saigon as acts of piracy and regard the pilots who have carried out pirate-raids, destroying the property and massacring the population of the Democratic Republic of Viet Nam, as major criminals caught in flagrante delicto and liable for judgement in accordance with the laws of the Democratic Republic of Viet Nam, although captured pilots are well treated. Authorization had been granted them to correspond with their families. However, the regulations concerning mail with the exterior having been recently infringed, the competent authorities of the Democratic Republic of Viet Nam have decided temporarily to suspend this correspondence. In future, if those concerned demonstrate their willingness to observe the regulations in force in the Democratic Republic of Viet Nam, the competent authorities could reconsider the question with a view to finding an appropriate solution.*

*In South Viet Nam, the Government of the United States and its agents in Saigon are also undertaking a war of great atrocity, employing against the civilian population arms and methods of warfare which have for long been prohibited by international law. The Government of the Democratic Republic of Viet Nam energetically condemns these barbarous acts committed by the Government of the United States and its agents and declares that they must take entire responsibility for the crimes which they have perpetrated.*

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## MEDICAL ASPECTS OF THE UQHD HOSPITAL

*We have on several occasions mentioned the activity in the field hospital installed by the ICRC at Uqhd in the Yemeni desert. Last April we published an article entitled "A day at the Uqhd Field Hospital" by a nurse who worked there in 1964 and who described*



*her daily life at Ughd and the continuous difficulties encountered and which are still being encountered by the men and women carrying out this humanitarian work in conditions which the climate and the isolation render particularly arduous.*

*It was of interest to draw up a report describing this action, but above all from the medical point of view presenting a rapid summary of two years' work. This report, which the ICRC will be submitting to the XXth International Conference of the Red Cross, is now given below.*

Three years ago, armed conflict broke out in the Yemen between the new Republican Government and the followers of the Imam el Badr, who had just been dethroned. The International Committee considered that it was its duty to intervene in favour of the many hapless victims of the forgotten war in this country which had hitherto been closed to outside influence and into which the Red Cross had never previously penetrated.

The ICRC delegates organized food distributions, mainly for the benefit of children. They visited and brought relief to the prisoners held by both sides.

But there were other victims besides. Although the wounded on Republican territory could be collected and cared for by the Egyptian army medical service, Royalist forces, for their part, did not have one single doctor to tend them nor medical supplies of any sort.

This was a task which the ICRC had to tackle. In November 1963, in the Ughd desert near the Saudi frontier, it installed a fifty-bed field hospital. Considerable quantities of equipment had to be transported by air and then taken by lorry over tracks which would be a hard test for any vehicle. The hospital team consisted of thirty people, including doctors, surgeons, anaesthetists, nurses, mechanics, drivers, radio technicians, store-keepers, cook, etc.

The fifty beds were immediately occupied and hospital capacity had to be increased to one hundred beds.

Gradually the scope of this medical action was increased by the despatch of mobile medical teams to work in the interior of the country both among the Royalists and on territory controlled by the Republican Government from Sanaa.

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After 20 months intense activity among a population which for the first time in its history has witnessed the benefit of modern medicine, it might well be useful to publish below some observations reflecting the work carried out by the ICRC doctors at Uqhd.

### Review of the Uqhd hospital activities

From November 1963 to June 1965 the hospital polyclinic gave 51,950 consultations, i.e. more than an average of 100 a day. During the same period nearly 11,000 cases were treated, i.e. an average of 5 consultations for each patient.

The number of patients examined each day varied from 40 to 130. Hospital inmates totalled 1,344 and the average length of stay was 25 days per patient. The 1,572 operations performed during this period gives an average of three operations per day, two out of three necessitating anaesthesia.

Each day 15 to 20 laboratory tests were carried out as well as ten X-rays.

The following data give a more vivid picture of the situation.

Two doctors, two female nurses and two Yemeni nursing assistants trained at Uqhd, operated the polyclinic from 7.30 a.m. to 11.30 a.m. and from 4 p.m. to 6 p.m. There were one or two interpreters available. It was a by no means easy task to question an average of 123 patients a day in Arabic, examining them (about one patient in five was a newcomer), treating them and—still in Arabic—making them understand how they should take their medicine.

Temperature was high in the tents at midday, particularly in summer when 140°F. was normal and the smells from the tents were far from pleasant.

During rush periods reinforcement had sometimes to be asked for. It was therefore not surprising that the polyclinic staff sometimes came to table at midday in not too pleasant a humour. It goes without saying that these doctors also had to look after the inmates of the ward tents attributed to them.

Surgical operations began at 8 o'clock in the morning. In view of the preparation they involved, work actually began at 7.15 a.m. or 7.30 a.m. With an average of 3 operations per day, the morning

was generally fully occupied. In fact, operations not infrequently continued well after lunch time. The Clinobox proved to be invaluable with its complete range of carefully chosen instruments combined for multiple applications, permitting almost any type of operation.

In addition to the working of the operating theatre, the afternoons were devoted, if time permitted, to the application of plaster. Sterilization and cleaning of linen and instruments was also attended to by the operating theatre team. It was also in the afternoon that dressings were changed in the surgical ward tents ; this sometimes gave rise to psychological difficulties.

The Yemeni patient has not the slightest idea of what modern medicine is and believes that the more frequent the attention and prescriptions, the better is the treatment : each pill is a step towards cure, but two pills or an injection is preferable, whilst, of course, the best thing of all is an operation. Similarly with the changing of dressings. When the doctor tries to explain, in the few words of Arabic he has been at pains to master, that Ahmed's dressings must be changed twice a day because his scars are festering, whilst the properly stitched scar of an operation should if possible not be exposed, his explanation often meets with a smile which clearly says : " Sure ! Ahmed is a favourite for some reason ".

Similarly it has happened that a patient with fever complains that he has only been treated with pills and injections to no effect for several days and he demands an operation.

The fact that most of the wounded were brought in at night, to avoid being attacked from the air, added to the burden confronting the surgical team. As a consequence, night work was by no means unusual.

Work was hard in the other divisions also : the nurses in the tents maintained a constant struggle to have the most elementary rules of hygiene observed ; the laboratory technician carried out tedious microscopical tests ; the drivers had to see to the maintenance of the vehicles, the collection of wood and especially the water fatigue which necessitated a constant coming and going between the hospital and the well some thirteen miles away, across tracks which were a severe trial for the tank lorries.

## Health of the population—illnesses treated

In reports by the various teams which operated the hospital in turn, different bases of patient classification were adopted, so that it is unfortunately difficult to give over-all statistics covering the whole period. It is therefore preferable to consider some less comprehensive but carefully established statistics which are valid only for a limited period.

On the whole, the proportion of cases which involved surgery to those which involved internal medical treatment was two to one.

This ratio subsequently changed, the proportion of surgical cases increasing due to the greater number of war wounded arriving at the hospital.

Between November 19, 1963, and January 31, 1964, the first medical team treated 248 inmates and 1,220 out-patients. In 566 cases, i.e. 41%, diagnosis required medical treatment. The remaining 53 % included illnesses, wounds and injuries requiring surgery as well as ailments which were not diagnosed. Some of the latter were insignificant, not requiring thorough medical examination (headaches, etc.), or were of a kind for which facilities were inadequate. However, these cases were not refused treatment.

The diagnoses for the 566 cases mentioned above were as follows :

Helminthiasis was preponderant, accounting for 17 %, i.e. 5 % due to bilharziasis, 8.5 % to ascaridae and oxyurids, 0.9 % to ankylostomums, 2.6 % to tapeworms.

Leishmaniasis was in evidence with 1 case of kala-azar and 9 cases of oriental sore, i.e. accounting for 1.8 %. There were also 1.1 % cases of Madura foot, 0.4 % of yaws, only 1 case of leprosy and 1.5 % of scarlet fever.

The incidence of tuberculosis was 4.9 % ; more than half of these cases were pulmonary and generally very serious.

- 2.6 % acute diarrhoea (schigella, salmonella)
- 3 cases of sprue
- 2 gastric ulcers with haemorrhage
- 1.5 % gastritis
- 1 case of hepatitis

Illnesses due to chills are as frequent as in Europe :

- 14.3 % asthmatic bronchitis
- 1.6 % pneumonia cases
- 1.6 % angina
- 16.3 % infection of the upper respiratory system.

Rheumatic disorders affected 1.2 % of these patients, whilst the heart and valvular disorders comprised :

- 1.2 % serious pyelitis
- 0.7 % renal calculus and
- 1 case of testicle teratoma.

Skin diseases were common. Diagnosis was made difficult due to the different quality of the skin :

- 3 % mycosis
- 1.6 % eczema
- 0.5 % basaliomias (3 cases)
- 1.4 % boils and impetigo
- 1 albino
- 2 cases of syphilis
- 3 cases of blennorrhagia.

Of 50 Kahn tests, 25 were positive although most showed no clinical symptoms. Of particular note were the positive reactions in the relatively rare Pian and Bejel cases and also those of malaria, viral and protozoa infections, illnesses with high globulin content, leprosy, etc.

There were many eye complaints :

- 5.3 % trachoma
- 3.7 % unilateral or bilateral blindness due to trachoma or accidents.

Of the nose, throat and ear cases :

- 2.6 % were chronic inflammation of the middle ear
- 1.1 % were acute inflammation of the middle ear, and
- 1 case was cancer of the salivary glands.

Neurologic cases accounted for 1.4 % of the total :

- 1 hemiplegia
- 2 cases of polyradiculitis
- 2 cases of poliomyelitis
- some acute psychoses.

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### Other disorders :

- 1 case of diabetes
- 1 case of kwashiorkor
- 1 case of Hodgkin's disease
- 1 case of Sjögren syndrome.

From the foregoing information we may make the following general observations :

1. Tuberculosis is wide-spread and many cases are in an advanced stage.
2. The incidence of helminthiasis is striking ; the worst and most numerous cases are due to bilharzioses.
3. Malaria also gives much work. Every team has included fatal cases in its statistics.
4. The frequent cases of trachoma are particularly tragic ; all too frequently they result in blindness.

### Surgery

From February 15, 1964, to May 5, 1964, 206 operations were performed.

#### *Injuries treated were :*

- 6 flesh wounds
- 10 flesh wounds due to shrapnel from grenades
- 23 other extractions of shell shrapnel from festering wounds
- 12 curettages for festering bones due to old comminuted open fractures
- 3 re-examinations of wounds following lesion of nerves
- 2 secondary sutures in old wounds
- 8 grafts on old wounds
- 3 tendon transplantations due to old lesions of arm nerves
- 1 subsidiary amputation of 4 fingers
- 3 conservative fractures
- 3 osteosyntheses (2 forearm plates and 1 attachment to the neck of the femur)
- 1 plastic surgery of the lobe in a disfigured face
- 1 crossfinger
- 2 arthrodeses of the elbow
- 1 artificial anus in a perforated pelvis case.

*Affections usually treated surgically :*

- 49 inguinal hernias
- 2 paronychia
- 1 sarcoma in the upper part of the thigh
- 10 scar corrections in old burns of the hand
- 6 curettages of tubercular glands
- 7 Madura foot cases requiring curettage or amputation
- 1 mycetoma of the thumb
- 1 mycetoma of the index finger
- 2 cases of aniprolapsus
- 1 semi-castration due to TB testicle
- 1 choledochoduodenostomy in a case of cancer of the pancreas head
- 2 cysts of the ovary
- 1 exploratory laparotomy for general echinococcus of the abdomen
- 2 exploratory biopsies
- 10 extractions of large thorns
- 14 minor operations

The foregoing shows that some patients were not, strictly speaking, war casualties.

From January 1 to 26, 1964, 61 of the 76 patients tended were admitted to hospital for wounds or affections due to the war. From July 21 to 27, 1964, the corresponding figures were only 20 out of 48.

Of a total of 206 operations performed between February 15 and May 5, 1964, 99 were for war wounds or their sequels, i.e. almost half.

The fact that for long periods more than half of the patients treated at the hospital were not, strictly speaking, war casualties has given rise to a number of comments.

The statistics given above are scant. Any interpretation of them must allow for a number of facts :

Patients counted as war casualties are for the most part those who were wounded in fighting or in bombing raids. For instance, when a lorry loaded with soldiers is involved in an accident, the injured are not included as war casualties, though this might not be considered correct procedure since the transport of the soldiers would not have taken place in peace time. The same applies for many patients who attend with thorns up to 1 inch or more in

length in their feet. The guerilla warfare raging in the Yemen involves their going among thorny vegetation and these wounds are by no means trifling matters. They quickly fester and become extremely painful. Thorns are generally considered to be the cause of an infection indigenous to tropical countries, called Madura foot. This chronic infection, which makes slow progress for months, destroys the bones and tissue of the foot and as it is not painful the victims often come too late for treatment to give effective cure ; sometimes they come only when amputation is inevitable.

The last World War taught us that on all fronts the casualties due to illnesses were more numerous than those due to actual war wounds. This situation prevailed despite the existence of well organized medical services, whilst in the north of the Yemen soldiers are often infested with vermin, do not even know what latrines are and are lax even in observing the rules of hygiene laid down in the Koran.

When soldiers who live in mountainous regions, where malaria is unknown because of the altitude, contract this illness in the fighting zones where the disease is rife, it is a consequence of the war. The same applies to epidemics caused by the destruction of wells and the resultant pollution of water supplies, illnesses due to undernourishment, vitamin deficiencies, etc.

To give a complete picture, therefore, statistics should include :

1. Injuries directly due to the war
2. Injuries related to the war
3. Lesions not connected with the war
4. Illnesses caused by or resulting from the war or its consequences
5. Illnesses not connected with the war.

Bearing the foregoing in mind, we might estimate that 70 % of out-patients, 90 % of hospital inmates and 80 % of the patients operated are direct or indirect victims of the war.

Already before the war there was a State hospital in Sanaa with 4 or 5 Italian doctors. The hospital was available to the population, but the war has made this hospital an unlikely possibility for the inhabitants of the territory held by the Royalists.

The extra expense of providing treatment to patients not considered as war victims is insignificant. The major part of the



expenditure was for the purchase of equipment ("Clinobox", X-ray and laboratory equipment, vehicles, the radio stations, generators, tents, etc.) transport, salaries, supplies; all of which expenses were necessary irrespective of the number of patients treated.

There is one very significant aspect to the enterprise undertaken by the Red Cross in the Yemen. Indeed the outside world is making inroads from all sides into this country which previously had lived in isolation. Now that the world has thrust its influence into the country in the form of modern weapons of war, it is even more necessary that the constructive aspects of civilization's techniques—those of modern medicine in particular—should make their impact too. Of even greater importance than technical progress is the humanitarian ideal of the Red Cross which has become known in the Yemen thanks to the ICRC's medical action.

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## IN THE RED CROSS WORLD

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### SCOPE FOR THE RED CROSS IN AFRICA

*In June 1965 the International Review published an article by Mr. Marc Gazay, Director of the Information Bureau of the League of Red Cross Societies, in which, after reviewing the enormous problems confronting the new National Societies in a number of African countries, he showed that this Continent today offers a wide field of action for the Red Cross.*

*In this connection we believe our readers will be interested in an article by Mr. A. Mamboulou, Secretary General of the Red Cross of the Congo. His study, which was published on the occasion of the Red Cross Seminar in Abidjan and which was mentioned by Mr. Gazay, is entitled "What Scope is there for the Red Cross in Africa?" It was published in the Nouvelles de la Croix-Rouge du Congo (Léopoldville, May 1965) and the main passages are quoted below.*

... It is incumbent on every National Society to formulate a programme sufficiently dynamic and flexible to enable it to be adapted to local conditions. Such a programme should be adapted gradually, based on an order of priorities, particularly through contacts, active voluntary co-operation and the training of technical personnel.

However, we must ask ourselves whether the fundamental principles of the Red Cross—Humanity, Equality, Impartiality, Neutrality, Independence and Universality—are acceptable in Africa.

In this connection we have come to the conclusion, based on repeated experience, that these principles are either unknown to

or not understood by the population. Accustomed from their earliest childhood to the ancestral rules of reprisals, handed down from generation to generation, and having lived through grievous events, Africans are hardly inclined to tender sentiments and are often prone to pay back in kind any harm they have suffered. Their environment generates an urge to self-defence against hostile nature.

This state of affairs calls for active remedial measures before there is any chance that these principles will be freely accepted by African states.

Let us examine the main problems which hinder progress of the Red Cross ideal among our populations.

It must be admitted that the African leaders of the National Red Cross Societies, like the population, have not been prepared for the work of the Red Cross.

On the one hand, following accession by several countries to independence we have been struck by such disasters as floods, earthquakes, civil war, famine, etc.

In addition, the already numerous difficulties were aggravated by such factors as:

- political upheaval in the new States;
- the misconception by a number of politicians concerning the Red Cross, due to their never having been previously interested in it and to their being confronted with problems beyond their understanding;
- the population's lack of preparation for voluntary work;
- the low standard of living of the average African.

Apart from these problems, others arise due to:

- primitive housing conditions:
- wide-spread undernourishment owing to the subsistence economy in which the African farms for himself and his family, instead of a market economy with production for sale;
- difficulties of communication caused by great distances, deficiency of roads, vehicles and telegraphic communications which thereby impede distribution;

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- the incomplete transformation of the countries' infrastructure which would provide employment for thousands of people and incomes which would contribute to the improvement of living conditions.

The change of the traditional way of life to a new or urban pattern involves the entire African Continent in a transition which cannot be completed from one day to another and in which the Red Cross has a part to play.

What gives stability to man is the family, in the wider sense of the word, by the union and solidarity which forms it, as well as the force of habit. There is a hierarchy in the family in which each member knows his place. This hierarchy is based on the equality of the members of the family.

As a result of economic changes and of migrations, this concept of unity and stability has been breached in several quarters. The Red Cross must therefore endeavour to compensate for this lack of stability which engenders fear and encourages belief in evil spirits and other superstitions. The African desires to live in peace with his neighbours ; we must therefore revive the community spirit, the patriotic spirit, for all men. This is the primary function of the Red Cross.

For the African the family is the basis of his existence ; from it he learns to hunt, fish, build his home, etc. The family is his apprenticeship and training school. Several families together constitute a village, and a number of villages a tribe. Most of the work is carried out by the members of the family and if any of the members should be in need the whole family shares that need.

The family and the tribe make up the African's life. Social activities involve the same people and contacts outside the tribe have been, and in many cases still are, few and far between.

Personal connections are the foundation of all social life. In urban communities personal connections are less important and relations with neighbours even less so. The city dweller spends his leisure time away from home ; this is an automatic reflex. This leads me to say that it will be easier to integrate the Red Cross in the villages than in the towns, leisure and communal events being devised by the village for the village.

As the means of communication are different in society based on traditional customs, it will be necessary to have individual contacts, that is to say human contacts in the family.

Red Cross workers and people concerned with community development can take advantage of this spirit of mutual aid within the family to inculcate that spirit of fellowship which should unite men for the building of a better world.

All too often in a society based on traditional customs the Red Cross is an abstract idea, the name of an institution associated with memories of the difficult times of the past and which, for that very reason, many hasten to forget in time of peace, when there seem to be no longer any grounds for its existence. That is why the leaders of the Red Cross must strive untiringly to make known the work accomplished in the most varied fields by its technical personnel and innumerable volunteers whose activities are for the most part little known or misunderstood.

In the towns where society has discarded traditional customs such means of persuasion as publicity are necessary. Individual faculties also enable each man to make his own choice. Men will try to form groups to see and understand the sense of the publicity to which they are subjected, hence the formation here and there of Red Cross Committees. But these groups sometimes withdraw within themselves and it is difficult to join them. One looks at them without understanding and the distinction becomes apparent between those who offer cultural activity and those who seek it.

We cannot hope to arouse and retain public interest unless the public is kept informed by all available means (press, radio, television) of what is going on within the movement in favour of which we ask people to devote some of their time and money. The better the public is kept informed, the more interest will it take in Red Cross achievements and realize the difficulties of all sorts with which the Red Cross contends and the needs which it must meet and which unfortunately are far in excess of its resources.

It cannot too often be said that Red Cross activity whether international, national or merely in the towns and villages, is only possible thanks to the combined efforts of selfless people and to the funds provided by a generous public.

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The Red Cross must therefore take example from the lessons to be learned from the tribal system in order to introduce in peacetime the spirit of fellowship, assistance and humanism which should guide everybody in relations with one's neighbour.

Modern times demand the use of new techniques and it is up to the Red Cross to do just this. In order for a technique to be worth-while and effect favourable changes in our institutions, it must be appropriate to the needs of the population and its stage of development.

New methods based on purely African concepts must be found to magnify the extent of the Red Cross and to interest a greater number of Africans in its work.

We need:

- to conduct an intense campaign of information and publicity;
- to intensify first-aid teaching and the training of first-aiders;
- to interest African womanhood in courses of home nursing and maternal and child nursing, thereby preparing African girls for their future task as mothers;
- to increase medico-social activities,
  - a) in the villages (hygiene education, courses with practical demonstrations);
  - b) in towns (nurseries, milk distribution centres, distribution of gifts to children, meals to the sick, assistance to the handicapped, charitable institutions, assistance to refugees, blood transfusion, paediatric centres, etc.).

Consequently, the National Society officials must themselves be better prepared for these various tasks. It would in addition be highly desirable to have permanent members to draw up programmes of activities and to see to their implementation.

Indeed it is only with the co-operation of the public that we can hope to achieve our aims. We must therefore take every opportunity (tribal meetings or other associations) to recruit and seek co-operation from all in order that, in one way or another, everybody contributes in some degree to this work calling for all-out effort. We should all make some contribution, no matter how small, in response to the appeals launched by the committees...

## THE DISSEMINATION OF THE GENEVA CONVENTIONS

The official review of the German Red Cross in the German Federal Republic *Deutsches Rotes Kreuz* published an article in its issue of July 1965, in which mention was made, *inter alia*, of a new brochure concerning the dissemination of the Geneva Conventions, which has recently been produced by that National Society, "Landesverband", Westphalia-Lippe, Münster. It should also be pointed out that this publication of some 45 pages is an annex to the primer published in 1963 entitled *Im Geiste von Solferino* (In the spirit of Solferino) which was mentioned in the February 1965 number of the *International Review*. We now give a few details of this second publication.

Entitled *Die Genfer Rotkreuz-Abkommen* (Begleitheft für den Unterricht mit der Fibel ("Im Geiste von Solferino")), it is intended, as indicated by its title, to supply all necessary explanations relating to the series of illustrations contained in the primer and depicting the essential principles of the Geneva Conventions in a most symbolic and graphic manner. In view of the very favourable reception which this work was given from the outset, both by the young and also by teachers, its authors therefore decided to pursue their efforts in this sphere and worked over the past two years in preparing this second brochure. Also illustrated, it begins with an interesting description of the Geneva Conventions of 1864, 1906, 1929 and 1949, briefly recalling the rôle played by the Red Cross in drawing up these Conventions, in particular that of August 22, 1864, which bears on the amelioration of the condition of the wounded in armies in the field. It should be pointed out that these commentaries have been written by Mr. A. Schlögel, Secretary-General of the National Society. After this explanatory opening, the work continues with a series of articles and texts especially written for the young but which will appeal equally to the general public.

It goes without saying that this interesting initiative will be of great service to the Red Cross cause in that country and that such instruction will considerably contribute, in the name of Red Cross principles, to ensure its effectiveness.

The National Red Cross, one can see, devotes all its efforts to publicising as widely as possible, and especially amongst the

young, a knowledge of the Geneva Conventions to which it attaches such importance. We therefore wish for this initiative all the success it deserves, hoping that it may inspire other National Societies to follow suit.

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## Afghanistan

*The Afghan Red Crescent Society has communicated information to the ICRC on the widespread and successful relief action carried out a few months ago. We quote details below, for they give an idea of the extent of the disaster which ravaged part of the country and of the effectiveness of the immediate help rendered by the Society.*

During the month of May, due to unusually heavy Spring rains, the Helmand River and its tributaries rose to flood level. Vast areas of the Chackansoor Province, in southwestern Afghanistan, were flooded, causing thousands of people to be left homeless. Many families had to be evacuated from the area.

The Afghan Red Crescent Society dispatched a rescue and relief team, headed by Prof. Mohammed Ousman Anway, M.D., the Secretary General of the A.R.C.S., to the area on May 10th. The work of this team was carried out in motor boats, airplanes and helicopters.

Since the roads were all flooded, an inspection of this area had to be carried out by helicopter. The A.R.C.S. team was accompanied during this inspection by the Acting Governor of the Chackansoor Province and the Military Commandant of Kandahar. During this inspection, the team fixed certain sites as centres for the distribution of relief supplies of wheat, sugar, tea, clothing and medicaments and they organized the transportation of these supplies by motor boat and helicopter.

After the inspection, the supplies were transported—a very difficult operation through thick swamp areas—from Musa Qala to Kang. Several members of the team suffered from sun stroke during this hazardous operation but the supplies finally arrived at the distribution centers after 21 hours.





**Nepal.** — First General Assembly of the Nepal Red Cross Society (On foreground, some leading personalities, including *(on right)* the President of the Council of Ministers and his wife.)

**Afghanistan.** — The victims of floods receiving relief from the Afghan Red Crescent (centre, Dr. Anwary, Secretary-General of the Society).



At Kang, the main distribution center, immediate medical treatment was given to those people who needed it and the relief supplies were distributed. The Secretary General met the victims of the floods and conveyed the great sorrow and sympathy of H.M. King Zahir Shah, the Patron of the Society, and of H.R.H. Prince Ahmed Shah, the High President of the Society. Dr. Anwary also conveyed the greetings and concern of Dr. Mohammed Yusuf, the Prime Minister. The people of the Kang area were heartened by these messages and were appreciative of the aid sent them in their need. The distribution of supplies in Kang took two days.

The relief team next went to Char Birja by helicopter, while the supplies for this area were flown there by plane. The Secretary General again conveyed the sympathetic messages of H.M. the King, and H.R.H. the Prince, as well as that of H.E. the Prime Minister. Supplies and first aid treatment were distributed and, as at Kang, the people expressed their great gratitude.

On the following day, the team went to Khabagh, 50 kilometers from Char Birja, to aid the families who still remained there because they could not be evacuated in time. These people were in great need, since their food supplies had been exhausted. They were greatly relieved by the gifts of supplies.

The team then flew to the old Chackansoor and camped at Qaloi Fatalah Khan, where they again distributed supplies and first aid treatment.

The relief team returned to Kabul on May 20th, after having successfully carried out the most important single relief operation of the Society this year. Thousands of people received the relief supplies and medical treatment, valued at over Afs. 3,000,000, at a time when they had lost their homes, as well as all of their possessions<sup>1</sup>.

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## Ethiopia

This year the Ethiopian Red Cross celebrated the thirtieth anniversary of its foundation<sup>2</sup>. To mark the event it published a

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<sup>1</sup> *Plate*: The Afghan Red Crescent Society distributing relief supplies to the victims of the floods.

<sup>2</sup> The ICRC officially recognized the Ethiopian Red Cross in its Circular No. 310 to all Central Committees on September 26, 1935.

booklet in English which, *inter alia*, relates the dramatic circumstances of its beginning.

The booklet starts with the text of an 8th May message to the Ethiopian people from H.I.H. the Crown Prince, President of the National Society, as part of a large drive for new members. "I wish", he concluded, "all Ethiopians to be aware of these principles that are dedicated to the relief of human suffering. Red Cross members of all ages are needed in order to enable the Ethiopian Red Cross to carry out its humanitarian work, and therefore I advise and urge all of you to think of your Red Cross Society and participate in furthering its noble services."

For this appeal to have a wide response, it is important that the public to which it is addressed should be informed about the Red Cross and its organization. For this purpose, the booklet includes a brief description of the activities of the ICRC and of the League, as well as an outline of the foundation and development of our movement. A brief history of the Ethiopian Red Cross and its rebirth in 1947 is followed by an account of topical activities.

Hardly had it been founded on July 8, 1935—by Imperial Proclamation—when the Ethiopian Red Cross had to contend with the situation created by a war in which it performed remarkable work, both in Addis Ababa and on the battlefields, in spite of the suddenness of the outbreak, the Society's inexperience and the lack of resources.

But international assistance soon proved its value. The Society received help from a considerable number of countries in all parts of the world. Completely equipped and staffed ambulance units were sent by several countries. The National Society itself had five ambulances.

The rebirth of the Ethiopian Red Cross occurred in January 1948 at an inauguration meeting when H.I.H. the Crown Prince accepted the Presidency. Everything had to be started all over again and the first few years were a period of organization and programme development.

One of the most immediate projects was to remedy the shortage of nurses. The first school of nursing was set up with the help of the Swedish Red Cross and later the Swedish Technical Assistance Committee gave financial support. In addition, Ethiopian and foreign doctors assisted the school as voluntary teachers. Sub-

sequently many of the graduates were sent abroad for further training and in order to specialize. Some of them are now directing the educational activities of the school and the first-aid training programmes. Others served with the United Nations forces in Korea and the Congo.

In 1952, the Society started a free ambulance service on a 24-hour schedule. A blood donor service was also organized. First-Aid posts were set up along the main roads and the Society made free beds available at the Haile Selassie I hospital for poor patients and emergency cases.

The work of the Society also included a "Missing Persons Service" after the war. This still operates in close co-operation with the ICRC Central Tracing Agency in Geneva.

Specialized courses in first-aid, home nursing, road safety, and water safety were continuously given to the public, and first-aid teams were organized within the Boy Scout troops.

Besides the continuous assistance to individuals and institutions, including distribution of clothing, medicines, vitamins, gift parcels, foodstuffs and milk powder, the Ethiopian Red Cross has intervened effectively in a number of natural disasters. One of such relief operations, in 1961, in the flood disaster areas of Kellafo and Mustahil, went on for several months. The Society often co-operated with the Ministry of Public Health in vaccination campaigns against communicable diseases and with the hospitals in providing blood plasma and ambulance services.

The Annual Report for 1963-64, which is given in the last section of the booklet clearly shows that the Ethiopian Red Cross provides permanent services of immense value. Some examples are given.

*At the School of Nursing*, in the Haile Selassie I Hospital, students follow three and a half year courses prior to the State examination. A good many nurses graduating from the school, desirous of devoting themselves to their Society, offer their voluntary service; in this way the Association of Ethiopian Red Cross Nurses was formed.

*Free Ambulance Service.*—Small ambulances serve the capital, while two well equipped Landrover ambulances operate in the provinces.

*Relief Service.*—The Society was on the spot during the conflict between Ethiopia and Somalia at Ogaden in 1964. It gave medical attention to the wounded and sick and distributed relief supplies to the civilian population. Considerable help in cash, medical supplies and foodstuffs was received at the time from sister Societies.

*The Junior Red Cross.*—The Junior Red Cross activities have been intensified during the past year by the extended First-Aid Teaching programme. In close co-operation with the Ministry of Education, plans are being worked out to reach the school students for enrolment in the Junior Red Cross Section.

*An Anti-epidemic Service* has been set up to co-ordinate hygiene campaigns in co-operation with the Ministry of Public Health.

*Tracing of Missing Persons* is still carried on, in close co-operation with the ICRC.

As can be seen, an immense task has been accomplished in a short time. We express the wish that the Ethiopian Red Cross will carry on, ever more extensively and in ever better conditions.

## Nepal

“ I am very glad to know that the Nepal Red Cross Society is bringing out a journal to commemorate World Red Cross Day today. I hope the journal will serve to popularise the ideals of selfless service to suffering humanity, which the Red Cross Society was born to practise. I am happy to know that Princess Princep Shah and other Nepalese are trying their best to achieve the cause through it in Nepal. I wish the Nepal Red Cross Society all success.” It was with these words that H.M. the King of Nepal, on May 8, 1965, expressed his welcome of the publication of a well presented illustrated commemorative booklet edited in English <sup>1</sup>.

May 8, 1965, was also an occasion for Princess Princep Shah, the King's sister and Chairman of the Society, to express her views on the scope of this publication. After explaining the significance of World Red Cross Day, she stated : “ It is a matter of great joy that on this occasion the first issue of the journal of our Red Cross Society is being published. I wish wholeheartedly that the journal

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<sup>1</sup> *Nepal Red Cross*, Kathmandu, 1965, 62 p.

will serve to make our people more conscious of humanitarian duty by bringing out the real aims and objectives of our Red Cross Society. I hope sincerely for the greater devotion and co-operation of all the members of our Red Cross Society so as to prevent diseases and to mitigate human suffering throughout the country."

Part of the booklet gives general information on the ICRC and the Junior Red Cross throughout the world. It also describes the activities and programme of the National Society. Under the title "The Beginning of Nepal Red Cross" the Secretary General, Dr. Jaya N. Giri, gives an account of the formalities for the foundation of the Society. These resulted in recognition by the ICRC—as announced in its Circular No. 458—on October 1, 1964 and admission to the League in the same month.<sup>1</sup> "Under Her Royal Highness's leadership", the author writes, "the organization is growing from infancy to maturity and gradually overcame the many problems and hindrances that so frequently confronted it." Since last year various committees and permanent services are in operation, such as the ambulance service, to which the Red Cross of the Federal Republic of Germany has donated four ambulances ; a blood donor recruitment committee, considered very important and H.M. the King, who inaugurated the campaign in 1964, himself gave blood ; an emergency supplies storage service ; a first-aid service which will be able to give valuable assistance to the Nepal medical corps and is responsible for training instructors who in turn will conduct classes for industry, government and schools ; home nursing instruction in and around Kathmandu by 25 nurses who give their services voluntarily and work under the direction of a doctor and a nurse delegated by the League of Red Cross Societies ; and a refugee committee, led by the Society's Chairman, which has been co-operating with the Government and the United Nations High Commissioner for Refugees in assessing needs and planning the emergency care of Tibetan refugees ; this same committee has established a refugee camp. The Nepal Red Cross has been called upon to co-operate also with the World Health Organization representative in Kathmandu in the field of maternal and child welfare.

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<sup>1</sup> *Plate* : First General Assembly of the Nepal Red Cross Society. (Photograph kindly lent by the League of Red Cross Societies.)

The Nepal Red Cross is in constant touch with the National Publicity and Public Relations Committee for disseminating news on its activities through the press and radio. The text and illustrations of this booklet testify to the importance of the Junior Red Cross in Nepal. The leaders have their sights aimed at the future and one of their essential concerns is to prepare those who will one day take their places and who are an assurance for the continued work and development of the Society.

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### Upper Volta

"It is our humble desire to acquaint you with the Upper Volta Red Cross, through its first-aiders and their daily life. May this album bring home to you the necessity of helping our teams the better to serve".

These are the opening words to the album of photographs which Mr. Ilboudo, First Assistant Secretary General of the Upper Volta Red Cross, presented to the ICRC recently in the course of a visit to its headquarters in Geneva. These photographs were received with particular interest, for they give a fascinating insight into the first-aid work of a young National Society. They are also an appeal to those who, having already acquired wide experience, can give support to these worthy efforts.

A graphic representation of the Upper Volta Red Cross first-aid teaching development shows that the training of youths in this field began in 1956. In 1959, the number of participants was fifty ; by 1965, there were 700 first-aiders.

Everything having to be started from the beginning, the organizers made contact with other National Societies. As the first step, the national director went to France to familiarize himself with first-aid there. Then the Upper Volta Red Cross delegated representatives to the International Meeting of First-Aiders at Macolin (Switzerland) in 1963, on the occasion of the Red Cross Centenary.

These photographs show youths engaged in a number of activities ranging from first-aid training to a demonstration of

fire-fighting in the village. Each one of them, under the supervision of their seniors, seems conscious of the importance of the task they are carrying out with a genuine spirit of fellowship.

It can be seen that the Society is encouraged in this work by the government's interest. For example, the inauguration of a highway first-aid post, and delivery of the equipment, is attended by officials, whilst at a ball organized by the Red Cross, the guard of honour for the arrival of the President of the Republic and his wife is composed of first-aiders. On World Red Cross Day, or in the country's national celebrations, first-aiders are also seen on parade, together with the juniors.

It gives us pleasure to encourage the Upper Volta Red Cross by this brief article and to reproduce the comment with which the album is concluded : " Our aim is to do our best to alleviate human suffering as quickly as possible. We are not doctors, we are not nurses, we are first-aiders aware of our essential task : to be prepared, prompt and efficient ".

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## M I S C E L L A N E O U S

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### ALBERT SCHWEITZER AND THE RED CROSS

On learning of the death in Lambaréné of Dr. Albert Schweitzer, the President of the ICRC sent the following telegram to the daughter of the great philanthropist :

Most distressed by the death of your father Dr. Albert Schweitzer, who gave his eminent support to the universal movement of the Red Cross, our institution associates itself in deep sympathy with your grief.

We would recall that the *International Review* published an article concerning the thought and action of this man of vision who was so responsive to suffering and to all appeals.

On April 9, 1953 Dr. Schweitzer addressed a message, through the intermediary of Radio-Genève, which was broadcast on the fourth international transmission of the Red Cross. This message, sent out on May 8 of that year, marked the 125th anniversary of Henry Dunant's birth, which was the reason for Schweitzer's paying special tribute to the promoter of the Red Cross. However, this was such a strong affirmation of the Red Cross idea and task that we think it appropriate to reproduce several extracts from it. The Red Cross, in its turn, expresses its deep appreciation of one who struggled with all his strength to alleviate human suffering :

"...Hundreds of thousands of people benefited during the two world wars and in the post-war years from the humanitarian work created by Dunant. Let us hope that they will not forget to think of him on the anniversary of his birth and will gratefully recall what they owe him. This great benefactor of mankind deserves that all of us throughout the world feel it our duty to remember what

he was and what his work was. He was a man who, fortuitously, was the witness of the carnage at the battle of Solferino in 1859 and of the distress of the wounded and dying on the field. In 1862 he described all he had seen in a book entitled *Un Souvenir de Solferino*. In conclusion, he asked in the name of mankind, that is to say of human feeling and civilization, that relief societies for the wounded be founded and that an international Convention assure these societies rights and the possibilities of concerning themselves with these unfortunate ones.

He knew how to persuade the European Governments of the time to recognize a Convention in 1864 which was drawn up by a committee in Geneva. This was the origin of the Red Cross which has increased in importance throughout the years and during the disastrous wars which have taken place since then. Today it is an institution affirming with authority and success the rights and aspirations of civilization in a world of confusion and despair.

That there is this island of effective civilization in our world is the work of Henry Dunant. Let us have the courage to hope for a rebirth of civilization and through it the arrival of a spirit which will enable a spirit of peace to be established. Lifting ourselves up by this hope, we will advance along the path taken by Henry Dunant...

...The Red Cross is a larger and more powerful organization than its founder would ever have dared imagine. It is more than this, for it represents in our sorrowful post-war world the truth that man is called upon to feel, to think and to act with that compassion and devotion which are intrinsic to his nature, and that the peoples of the world, an association of human beings, should conduct themselves in the same way.

It reminds us of that ideal which we know, but to which we are so unfaithful. It teaches it to those who did not know it before and encourages us to wish for a better world in the future than the one in which we live.

We pledge deep gratitude to one who lit the beacon illuminating our darkness. It is for us to ensure that it is not extinguished."

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## INTERNATIONAL SOCIAL SERVICE

*As in previous years, the Swiss Section of the International Social Service has published its annual report for 1964, which makes interesting reading. As a tribute to its work, sometimes carried out in co-operation with the ICRC, we cannot do better than quote from the foreword by Mr. Felix Schnyder, United Nations High Commissioner for Refugees :*

The High Commissioner is fully aware that nothing useful can be achieved in the field of assistance to refugees without the unremitting support of the many governmental, intergovernmental or private institutions which unfailingly work for the refugees, and which are his partners in the day to day accomplishment of his humanitarian task. Among these organizations, the International Social Service, particularly its Swiss Section, deserves a special mention.

We all know that the High Commissioner's task is to give legal protection to refugees. The aim of such protection could obviously not be achieved without constant social assistance for the refugee...

... Thanks to its agencies throughout the world, the International Social Service plays a major rôle in refugee settlement and repatriation, with particular attention to the uniting of families. The professional training programmes and seminars which it organizes periodically contribute to improving the effectiveness of social assistance in every country where this activity is carried on. It also helps in the training of advisers, who are as it were the mainstay of refugee welfare and whom many agencies now call upon for professional and social guidance for refugees.

There is hardly any need to recall the important rôle played by the International Social Service during the Hungarian crisis in 1956 when, in particular, it took in hand the tragic problem of unaccompanied children. At that time the High Commissioner found in the International Social Service a partner of great experience capable of giving sound advice as well as of making qualified staff available.

In this thirty-fourth year of service to both the Geneva and international communities, the Swiss Section of the International Social Service can congratulate itself on having achieved fine results

from which it will, I am sure, derive inspiration and strength to continue the humanitarian task to which it has applied itself with exemplary dedication and efficiency.

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### WORLD HEALTH ASSEMBLY

The Eighteenth World Health Assembly, held in Geneva from 4 to 21 May 1965, was attended by delegates from some 120 Member and Associate Member States of WHO. Opening the proceedings, the outgoing President, Dr M. K. Afridi (Pakistan), went on to say:

The basic concept of disease eradication has been amply justified by the results of projects sponsored by the World Health Organization. I realize that many of these diseases are still with us and that we will have to continue our struggle against them for some time to come. But because of the valuable fund of knowledge and experience that we have recently accumulated we have reason to be optimistic about the future. We now know that for complete success in mass campaigns two conditions are essential: first, the operations must be conducted under strict supervision and cover as near 100 % of the population as possible and, second, the effectiveness of the preventive measures must be sufficiently high to provide the requisite degree of protection even if in their application in the field the operations fall below the required standard of efficiency. Wherever these conditions can be satisfied it becomes our bounden duty to escalate the operations of disease control to eradication campaigns. To assist such a transformation we have to concentrate on evolving preventive measures of ever-increasing potency, and it is in this field that the World Health Organization has played and will continue to play a crucial role through the comprehensive programme of research in diseases of major public health importance.

The Director-General, Dr M. G. Candau, presented his report on the work of WHO in 1964 to the Assembly. Introducing it, he said that the activities of WHO bore witness to the Organization's will to mobilize past experience and co-ordinate present efforts in a persistent and prolonged attack upon hazards to man's life and health. He continued:

## MISCELLANEOUS

Does this entitle us to be satisfied with our progress now that we have reached the mid-point of the United Nations Development Decade? Unfortunately it does not. Let me say immediately that the main reason for the rather disappointing rate of advance lies in the relative lack of financial support for health action throughout the world. There are no short cuts to a lasting solution of the health problems of the developing nations. If real progress is to be made, much more will have to be invested in health in the developing countries of the world.

Our global malaria eradication programme which, because of health and economic considerations, must remain the Organization's main concern, provides a good illustration of the obstacles WHO is facing. The results of the work already carried out in this field are indeed impressive. Out of a total population of 1560 million living in the originally malarious areas of the world from which information is available, 51 % are now free from the risk of endemic malaria. Further programmes are on the way which should provide protection for an additional 600 million people. In 1964 alone, areas with a population of about 100 million entered the maintenance phase.

However, some technical problems have affected the full implementation of a few programmes, while administrative and financial difficulties are interfering with the completion of a number of them. Because of a lack of sustained interest in eradication work at the national level, the dramatic results of the first years of attack operations have in some instances not been followed through, and the complete elimination of the disease has not been achieved. This is a serious matter for all of us, and one which calls for urgent action, particularly by the governments concerned.

In Africa the success of pre-eradication programmes depends primarily on how quickly a sufficiently dense network of rural health services can be created. In view of the limited resources of the countries of this region, considerable long-term financial and technical assistance from external sources is called for. Unless this is forthcoming and can be ensured on a regular basis, and unless the governments themselves are prepared to intensify their own efforts, the hope of ridding the African countries of malaria, I must confess, appears to be remote. And this may well prejudice the progress of the global malaria eradication programme as a whole.

Increased international assistance is also imperative if real headway is to be made in the control of tuberculosis, which, it must be emphasized, remains a public health problem of major importance in practically all countries. In tuberculosis control, as in many other fields, it is to be regretted that the uneven application of new knowledge has been widening instead of reducing the

gap between the developing and the more developed nations. Yet, according to the last Expert Committee on Tuberculosis, reasonably effective methods are today available for curing and preventing tuberculosis under practically any epidemiological and socio-economic conditions.

The answer to the problem seems to lie in two directions. In the first place, much more speed and realism are needed in the application of the knowledge available and, secondly, for those developing countries which have been making full use of recent advances but are still held back by a shortage of antituberculosis drugs due to scarcity of funds and lack of convertible currencies, international assistance must be increased. World Health Day this year focused the attention of Members on the urgency of intensifying the world-wide campaign for the total elimination of smallpox. Last year, an expert committee examined recent scientific advances against this scourge, and paid particular attention to the value of chemoprophylaxis in contacts, and the development of a strategy of eradication. The expert committee also pinpointed the reasons for the relatively slow tempo of eradication work. Once again, vital world health action seems to be seriously hampered not only by lack of adequate support from local authorities in some of the endemic countries, but also—and perhaps mainly—by insufficient financial assistance from all sources.

Smallpox is a disease which can easily be brought under control, but which nevertheless continues to threaten the whole world. Global eradication is essential not only for those countries where the disease is endemic, but also for those which have been free from smallpox for many decades and yet must continue to protect their populations by vaccination and revaccination. If progress against this disease is not speeded up and work continued along present lines, unnecessary money and effort will be spent because of lack of co-ordination between countries and because of the persistent danger of re-introduction of the disease. However, if the smallpox situation is really taken in hand, and if the countries which have the means to do so will provide for large quantities of vaccine, for equipment and for transport, there is no doubt that global eradication can be achieved in a relatively short period of time.

As you are well aware, the large outbreaks of dengue fevers in the Caribbean area, and of dengue and haemorrhagic fevers in the Western Pacific and South-East Asia Regions, constitute a problem of increasing importance.

Mosquito-borne haemorrhagic fever was first recognized in epidemic form in Manila in 1954, and since then it has appeared in several other countries of the Western Pacific and South-East Asia Regions, moving from east to west. In 1963 and 1964 out-

## MISCELLANEOUS

breaks occurred also in India. It should be realized that the etiology, pathogenesis and epidemiology of this type of haemorrhagic fever are not yet fully understood. In this disease, appearing mostly in children, and with a relatively high fatality rate, the same viruses as in dengue-like fevers are isolated from patients, and the same vector, *Aedes aegypti*, is involved. Systematic attention should therefore be given at the same time to both dengue-like diseases and haemorrhagic fever . . . Because of the continuing spread of the disease from east to west, and the imminent danger of its spreading to other receptive areas or neighbouring countries in the Eastern Mediterranean, African and eventually European Regions, global epidemiological surveillance of this disease was started by the Organization towards the end of 1964.

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If WHO is to discharge its responsibilities in the field of international public health it must make use of the new and powerful tools of science whose potential has been so strikingly illustrated in many branches of human endeavour. These tools can also help us to explore the somatic and genetic effects of the ever-increasing number of pharmaceutical products and environmental contaminants to which mankind is being exposed. It is only through the most up-to-date scientific methods that we can hope to bring under effective control such familiar disorders and conditions as cancer, cardiovascular diseases, mental illness, malnutrition, communicable diseases, and a host of special problems which are affecting the developing countries and against which progress has been far from satisfactory.

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## BOOKS AND REVIEWS

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**Present problems of medical education**, by Dr. M. Schär, « *Pro Juventute* », 1965, Nos 4-5, Zurich.

During the course of the struggle which mankind has fought for thousands of years to preserve health and life, sickness has often appeared to have triumphed. Such was the case, for example, in the 14th Century when the Asiatic plague spread throughout Europe in many places wiping out as much as a third of the population in a few months. All measures taken to avert the epidemic and to heal the sick were unsuccessful. In the face of threatening death the most extraordinary methods were tried to prevent the spreading of the plague. Accused of poisoning wells, Jews were executed, witches burned. Subjecting themselves to rigorous punishment, some wanted to appease the divine wrath, whilst others passed the last days remaining to them in frenzied debauch. The plague, however, spared neither sinners nor the devout, neither children nor the old.

How could European townspeople and villagers of those days have protected themselves from the plague, since they did not know its causes or how an epidemic spreads ?

Repeated epidemics which passed from the Mediterranean ports over the European continent enabled the conclusion, however, to be drawn that contamination was brought about by men. This fact was at the origin of the first control measures taken in Venice against the plague, namely the placing in quarantine of ships outside the port. During the course of centuries, the struggle against the plague and other epidemics has been completed and perfected by other measures. In this connection, one need only mention the filtration of water, disinfection, the destruction of animals carriers of pathogenic agents, prophylaxis and therapy by means of antibiotics and other specifically microbicide medicaments. Successful results were soon achieved. The number of deaths caused by infectious diseases fell to a remarkable extent ; exceeding 12,000 towards 1900, it did not even reach a total of 2000 in 1962.

What relation exists between the reduction of infectious diseases and medical education ? We will first of all show that the cause is thus the determinating factor in the fight against a particular illness and also explain that infectious diseases today threaten our health and lives far



## BOOKS AND REVIEWS

less today than they did even several decades ago. Whilst, formerly, attempts were made to discover the cause of infectious diseases, now we try to seek out the origins of chronic illness. On some occasions these attempts have been successful, but more often one has had to be satisfied with only partially discovering the causes. However, our knowledge of the subject is already sufficient to enable us to take prophylactic measures against various chronic illnesses. Dispositions of medical control which had shown themselves to be effective against contagious diseases, however, offered no chances of success, as these were directed against microbes and not against the causes of these diseases . . .

The struggle against the more serious threats to health can in the first place only be effective when insanitary habits are altered or are prevented from being adopted. It is not sufficient to inculcate knowledge and point out these dangers, a considerable amount of educative work must be done before any appreciable improvement is forthcoming. Regulations, controls, technical prohibitions and measures to alter existing conditions have been sufficient in fighting effectively against contagious diseases. These are however unable to avert the present-day threats to health. It is only medical education, that is to say, instruction aimed at inspiring cleanliness, which will be assured of complete success in the long run.

Parents must already instil medical education in their own children. This must be continuous whilst the children are at play, at school, during the apprenticeship period and at work. Systems and methods of medical education will vary according to the receptiveness of learning at different ages, but the object will always remain the same.

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# EXTRACT FROM THE STATUTES OF THE INTERNATIONAL COMMITTEE OF THE RED CROSS

(AGREED AND AMENDED ON SEPTEMBER 25, 1952)

ART. 1. — The International Committee of the Red Cross (ICRC), founded in Geneva in 1863 and formally recognized in the Geneva Conventions and by International Conferences of the Red Cross, shall be an independent organization having its own Statutes.

It shall be a constituent part of the International Red Cross.<sup>1</sup>

ART. 2. — As an association governed by Articles 60 and following of the Swiss Civil Code, the ICRC shall have legal personality.

ART. 3. — The headquarters of the ICRC shall be in Geneva.

Its emblem shall be a red cross on a white ground. Its motto shall be "Inter arma caritas".

ART. 4. — The special rôle of the ICRC shall be :

- (a) to maintain the fundamental and permanent principles of the Red Cross, namely: impartiality, action independent of any racial, political, religious or economic considerations, the universality of the Red Cross and the equality of the National Red Cross Societies ;
- (b) to recognize any newly established or reconstituted National Red Cross Society which fulfils the conditions for recognition in force, and to notify other National Societies of such recognition ;

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<sup>1</sup> The International Red Cross comprises the National Red Cross Societies, the International Committee of the Red Cross and the League of Red Cross Societies. The term "National Red Cross Societies" includes the Red Crescent Societies and the Red Lion and Sun Society.

- (c) to undertake the tasks incumbent on it under the Geneva Conventions, to work for the faithful application of these Conventions and to take cognizance of any complaints regarding alleged breaches of the humanitarian Conventions ;
- (d) to take action in its capacity as a neutral institution, especially in case of war, civil war or internal strife ; to endeavour to ensure at all times that the military and civilian victims of such conflicts and of their direct results receive protection and assistance, and to serve, in humanitarian matters, as an intermediary between the parties ;
- (e) to contribute, in view of such conflicts, to the preparation and development of medical personnel and medical equipment, in co-operation with the Red Cross organizations, the medical services of the armed forces, and other competent authorities ;
- (f) to work for the continual improvement of humanitarian international law and for the better understanding and diffusion of the Geneva Conventions and to prepare for their possible extension ;
- (g) to accept the mandates entrusted to it by the International Conferences of the Red Cross.

The ICRC may also take any humanitarian initiative which comes within its rôle as a specifically neutral and independent institution and consider any questions requiring examination by such an institution.

ART. 6 (first paragraph). — The ICRC shall co-opt its members from among Swiss citizens. The number of members may not exceed twenty-five.

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## ADDRESSES OF CENTRAL COMMITTEES

- AFGHANISTAN — Afghan Red Crescent, *Kabul*.
- ALBANIA — Albanian Red Cross, 35, Rruga Barrikadavet, *Tirana*.
- ALGERIA — Central Committee of the Algerian Red Crescent Society, 15 Boulevard Mohamed V, *Algiers*.
- ARGENTINE — Argentine Red Cross, H. Yrigoyen 2068, *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 122-128 Flinders Street, *Melbourne, C. 1*.
- AUSTRIA — Austrian Red Cross, 3 Gusshausstrasse, *Vienna IV*.
- BELGIUM — Belgian Red Cross, 98, Chaussée de Vleurgat, *Brussels 5*.
- BOLIVIA — Bolivian Red Cross, Avenida Simon-Bolivar, 1515 (Casilla 741), *La Paz*.
- BRAZIL — Brazilian Red Cross, Praça da Cruz Vermelha 10-12, *Rio de Janeiro*.
- BULGARIA — Bulgarian Red Cross, 1, Boul. S.S. Biruzov, *Sofia*.
- BURMA — Burma Red Cross, 42, Strand Road, Red Cross Building, *Rangoon*.
- BURUNDI — Red Cross Society of Burundi, P.O. Box 1037, *Usumbura*.
- CAMBODIA — Cambodian Red Cross, 17 R Vithei, P.O.B. 94, *Phnom-Penh*.
- CAMEROON — Central Committee of the Cameroon Red Cross Society, rue Henry-Dunant, P.O.B. 631, *Yaoundé*.
- CANADA — Canadian Red Cross, 95 Wellesley Street East, *Toronto 5*.
- CEYLON — Ceylon Red Cross, 106 Dharmapala Mawatte, *Colombo VII*.
- CHILE — Chilean Red Cross, Avenida Santa Maria 0150, Casilla 246 V., *Santiago de Chile*.
- CHINA — Red Cross Society of China, 22, Kanmien Hutung, *Peking, E*.
- COLOMBIA — Colombian Red Cross, Carrera 7a, 34-65 Apartado nacional 11-10, *Bogota*.
- CONGO — Red Cross of the Congo, 24, Avenue Valcke, P.O. Box 1712, *Leopoldville*.
- COSTA RICA — Costa Rican Red Cross, Calle 5a Sur, Apartado 1025, *San José*.
- CUBA — Cuban Red Cross, Ignacio Agramonte 461, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, *Prague I*.
- DAHOMEY — Red Cross Society of Dahomey, P.O. Box 1, *Porto-Novo*.
- DENMARK — Danish Red Cross, Ny Vestergade 17, *Copenhagen K*.
- DOMINICAN REPUBLIC — Dominican Red Cross, Calle Galvan 24, Apartado 1293 *San Domingo*.
- ECUADOR — Ecuadorean Red Cross, Avenida Colombia y Elizalde 118, *Quito*.
- ETHIOPIA — Ethiopian Red Cross, Red Cross Road No. 1, P.O. Box 195, *Addis Ababa*.
- FINLAND — Finnish Red Cross, Tehtaankatu I A, *Helsinki*.
- FRANCE — French Red Cross, 17, rue Quentin-Bauchart, *Paris (8<sup>e</sup>)*.
- GERMANY (Dem. Republic) — German Red Cross in the German Democratic Republic, Kaizerstrasse 2, *Dresden A. 1*.
- GERMANY (Federal Republic) — German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, 5300 *Bonn 1*, Postfach (D.B.R.).
- GHANA — Ghana Red Cross, P.O. Box 835, *Accra*.
- GREAT BRITAIN — British Red Cross, 14 Grosvenor Crescent, *London, S.W.1*.
- GREECE — Hellenic Red Cross, rue Lycavittou 1, *Athens 135*.
- GUATEMALA — Guatemalan Red Cross, 3.ª Calle 8-40 zona 1, *Guatemala C.A.*
- HAITI — Haiti Red Cross, rue Férou, *Port-au-Prince*.
- HONDURAS — Honduran Red Cross, Calle Henry Dunant 516, *Tegucigalpa*.
- HUNGARY — Hungarian Red Cross, Arany Janos utca 31, *Budapest V*.
- ICELAND — Icelandic Red Cross, Ølduggøtu 4 *Reykjavik*, Post Box 872.
- INDIA — Indian Red Cross, 1 Red Cross Road, *New Delhi 1*.
- INDONESIA — Indonesian Red Cross, Tanah Abang Barat 66, P.O. Box 2009, *Djakarta*.
- IRAN — Iranian Red Lion and Sun Society, Avenue Ark, *Teheran*.
- IRAQ — Iraqi Red Crescent, Al-Mansour, *Baghdad*.
- IRELAND — Irish Red Cross, 25 Westland Row, *Dublin*.
- ITALY — Italian Red Cross, 12, via Toscana, *Rome*.
- IVORY COAST — Ivory Coast Red Cross Society, B.P. 1244, *Abidjan*.
- JAMAICA — Jamaica Red Cross Society, 76 Arnold Road, *Kingston 5*.
- JAPAN — Japanese Red Cross, 5 Shiba Park, Minato-Ku, *Tokyo*.
- JORDAN — Jordan Red Crescent, P.O. Box 1337, *Amman*.
- KOREA (Democratic Republic) — Red Cross Society of the Democratic People's Republic of Korea, *Pyongyang*.
- KOREA (Republic) — The Republic of Korea National Red Cross, 32-3 Ka Nam San-Dong, *Seoul*.

## ADDRESSES OF CENTRAL COMMITTEES

- LAOS — Laotian Red Cross, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.
- LIBERIA — Liberian National Red Cross, Camp Johnson Road, P.O. Box 226, *Monrovia*.
- LIBYA — Libyan Red Crescent, Berka Omar Mukhtar Street, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN — Liechtenstein Red Cross, *Vaduz*.
- LUXEMBURG — Luxemburg Red Cross, Parc de la Ville, *Luxemburg*.
- MADAGASCAR — Red Cross Society of Madagascar, rue Clemenceau, P.O. Box 1168, *Tananarive*.
- MALAYA — Red Cross Society of the Federation of Malaya, Jalan Belfield 519, *Kuala Lumpur*.
- MEXICO — Mexican Red Cross, Sinaloa 20, 4º piso, *Mexico* 7, D.F.
- MONACO — Red Cross of Monaco, 27, Boul. de Suisse, *Monte-Carlo*.
- MONGOLIA — Red Cross Society of the Mongolian People's Republic, Central Post Office, Post Box 537, *Ulan-Bator*.
- MOROCCO — Moroccan Red Crescent, rue Calmette, *Rabat*.
- NEPAL — Nepal Red Cross Society, Tripureswore, P.B. 217, *Kathmandu*.
- NETHERLANDS — Netherlands Red Cross, 27 Prinsessegracht, *The Hague*.
- NEW ZEALAND — New Zealand Red Cross, 61 Dixon Street, P.O.B. 6073, *Wellington* C.2.
- NICARAGUA — Nicaraguan Red Cross, 12 Avenida Nordeste, 305, *Managua*, D.N.C.A.
- NIGERIA — Nigerian Red Cross Society, 2 Makoko Road, Yaba, P.O. Box 764, *Lagos*.
- NORWAY — Norwegian Red Cross, Parkveien 33b, *Oslo*.
- PAKISTAN — Pakistan Red Cross, Frere Street, *Karachi* 4.
- PANAMA — Panamanian Red Cross, Apartado 668, *Panama*.
- PARAGUAY — Paraguayan Red Cross, calle André Barbero y Artigas 33, *Asunción*.
- PERU — Peruvian Red Cross, Jiron Chancay 881, *Lima*.
- PHILIPPINES — Philippine National Red Cross, 860 United Nations Avenue, P.O.B. 280, *Manila*.
- POLAND — Polish Red Cross, Mokotowska 14, *Warsaw*.
- PORTUGAL — Portuguese Red Cross, General Secretaryship, Jardim 9 de Abril, 1 a 5, *Lisbon* 3.
- RUMANIA — Red Cross of the Rumanian People's Republic, Strada Biserica Amzei 29, C.P. 729, *Bucarest*.
- SALVADOR — Salvador Red Cross, 3a Avenida Norte y 3a Calle Poniente 21, *San Salvador*.
- SAN MARINO — San Marino Red Cross, *San Marino*.
- SAUDI ARABIA — Saudi Arabian Red Crescent, *Riyadh*.
- SENEGAL — Senegalese Red Cross Society, P.O.B. 299, *Dakar*.
- SIERRA LEONE — Sierra Leone Red Cross Society, 6 Liverpool Street, P.O.B. 427, *Freetown*.
- SOUTH AFRICA — South African Red Cross, 14 Holland Street, P.O.B. 8726, *Johannesburg*.
- SPAIN — Spanish Red Cross, Eduardo Dato 16, *Madrid*, 10.
- SUDAN — Sudanese Red Crescent, P.O. Box 235, *Khartoum*.
- SWEDEN — Swedish Red Cross, Artillerigatan 6, *Stockholm* 14.
- SWITZERLAND — Swiss Red Cross, Taubenstrasse 8, *Berne*.
- SYRIA — Syrian Red Crescent, 13, rue Abi-Ala-Almaari, *Damascus*.
- TANZANIA — Tanzania Red Cross Society, Upanga Road, P.O.B. 1133, *Dar es Salaam*.
- THAILAND — Thai Red Cross Society, King Chulalongkorn Memorial Hospital, *Bangkok*.
- TOGO — Togolese Red Cross Society, Avenue des Alliés 19, P.O. Box 655, *Lomé*.
- TRINIDAD AND TOBAGO — Trinidad and Tobago Red Cross Society, 48 Pembroke Street, P.O. Box 357, *Port of Spain*.
- TUNISIA — Tunisian Red Crescent, 19, rue d'Angleterre, *Tunis*.
- TURKEY — Turkish Red Crescent, Yenisehir, *Ankara*.
- UGANDA — Uganda Red Cross, P.O. Box 494, *Kampala*.
- UNITED ARAB REPUBLIC — Red Crescent Society of the United Arab Republic, 34, rue Ramses, *Cairo*.
- UPPER VOLTA — Upper Volta Red Cross, P.O.B. 340, *Ouagadougou*.
- URUGUAY — Uruguayan Red Cross, Avenida 8 de Octubre, 2990, *Montevideo*.
- U.S.A. — American National Red Cross, 17th and D Streets, N.W., *Washington* 6, D.C.
- U.S.S.R. — Alliance of Red Cross and Red Crescent Societies, Kuznetsky Most 18/7, *Moscow* k.31.
- VENEZUELA — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas*.
- VIET NAM (Democratic Republic) — Red Cross of the Democratic Republic of Viet Nam, 68, rue Bà-Triết, *Hanoi*.
- VIET NAM (Republic) — Red Cross of the Republic of Viet Nam, 201, đường Hồng-Thập-Tu, No. 201, *Saigon*.
- YUGOSLAVIA — Yugoslav Red Cross, Simina ulica broj 19, *Belgrade*.